

October 30, 2020

Air and Toxics Technical Enforcement Program
Office of Enforcement, Compliance, and Environmental Justice
Environmental Protection Agency Region 8
Mail Stop: 8ENF-AT
1595 Wynkoop Street
Denver, Colorado 80202-1129

RE: Annual Compliance Report, 40 CFR Subpart OOOOa
CCRP Operating Inc.
Denver, Colorado

To Whom it May Concern:

Attached please find a completed Annual Compliance Report under 40 Code of Federal Regulations (CFR) §60.5420a (b). In accordance with 40 CFR 60.5420a(b)(11), this report is being submitted directly to Region 8. This report covers the reporting period of August 2, 2019 through August 1, 2020 and includes the following:

- The Subpart OOOOa draft report template, supplied by the US Environmental Protection Agency (EPA) via its website, containing the information specified in §60.5420a(b).
- A signed responsible official certification form.

Please contact me at (720)961-9100 or imyers@clearcreekrp.com if you have any questions or require additional information.

Sincerely,



Ian Myers
Vice President, Operations

Responsible Official

Name: (Last) Myers (First) Ian (MI) _____

Title: VP Operation

Company Representing: CCRP Operating, Inc.

Street or P.O. Box: 717 17th Street, Suite 1525

City: Denver State: Colorado ZIP: 80202

Telephone (720) 961 - 9100 Facsimile (____) ____ - _____

Certification of Truth, Accuracy and Completeness (to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Name (signed): 

Name (typed): Ian Myers

Date: 10/26/2020

The asterisk (*) next to each field indicates that the corresponding field is required.

SITE INFORMATION										ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification		ADDITIONAL INFORMATION	
Facility Record No. *	Company Name * (§60.5420a(b)(1)(i))	Facility Site Name * (§60.5420a(b)(1)(ii))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (§60.5420a(b)(1)(iii))	Address of Affected Facility * (§60.5420a(b)(1)(iv))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (§60.5420a(b)(1)(v))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(vi))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(vii))	Beginning Date of Reporting Period. * (§60.5420a(b)(1)(viii))	Ending Date of Reporting Period. * (§60.5420a(b)(1)(ix))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
XML Tag:	FacilityName	SiteName	WellID	AddressLine1	AddressLine2	CityName	CountyName	StateName	ZIPCode	StateFacID	SiteDescription	SiteLatitude	SiteLongitude	PeriodStartDate	PeriodEndDate	PeCertFile	AddInfo	AddFile
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings Count	e.g.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addInfo.zip or XYZCompressorStation.pdf
1	CCRP Operating Inc.	Cox 22-B # 1	05-123-41933	See alternative address	N/A	N/A	Weld	CO	N/A	123/9E51	NENW Sec. 22 T12N R64N	40.99862	-104.53513	8/2/2019	8/1/2020	N/A	N/A	N/A
2	CCRP Operating Inc.	Cox 22-B # 5	05-123-41935	See alternative address	N/A	N/A	Weld	CO	N/A	123/9E51	NENW Sec. 22 T12N R64N	40.99866	-104.53470	8/2/2019	8/1/2020	N/A	N/A	N/A
3	CCRP Operating Inc.	Meador 5-N # 4	05-123-42263	See alternative address	N/A	N/A	Weld	CO	N/A	123/9E6F	SESW Sec. 5 T11N R63W	40.94503	-104.45703	8/2/2019	8/1/2020	N/A	N/A	N/A
4	CCRP Operating Inc.	True Ranch Fee #502-2226H	05-123-47413	See alternative address	N/A	N/A	Weld	CO	N/A	123/A070	NENE Sec. 23 T12N R65W	40.99871	-104.62344	8/2/2019	8/1/2020	N/A	N/A	N/A
5	CCRP Operating Inc.	Salt Ranch Fee #201-1035H	05-123-46644	See alternative address	N/A	N/A	Weld	CO	N/A	123/A0CC	NWNE Sec. 10 T11N R64W	40.94219	-104.52549	8/2/2019	8/1/2020	N/A	N/A	N/A
6	CCRP Operating Inc.	Salt Ranch Fee #506-1035H	05-123-46500	See alternative address	N/A	N/A	Weld	CO	N/A	123/A0CC	NWNE Sec. 10 T11N R64W	40.94219	-104.52580	8/2/2019	8/1/2020	N/A	N/A	N/A
7	CCRP Operating Inc.	Salt Ranch Fee #502-1034H	05-123-46501	See alternative address	N/A	N/A	Weld	CO	N/A	123/A0CC	NWNE Sec. 10 T11N R64W	40.94219	-104.52590	8/2/2019	8/1/2020	N/A	N/A	N/A

For each well affected facility, an owner or operator must include the information specified in paragraphs (b)(2)(i) through (b)(i) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. (Select State) (dropdown that opens to a well id)	United States Well Number* (600.542(a)(2)(i)(B))	Records of operations where well completion operations with hydraulic fracturing were not performed in compliance with the requirements specified in § 60.537(a) * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(C))	§60.542(a) Low Pressure Wells	All Well Completions	Well Affected Facilities Required to Comply with §60.537(a)(4) and §60.537(a)(5)											
			Please provide the file name that contains the Record of Determination and Supporting Study and Calculations * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(C)) Please provide only one file per record.	Well Completion ID * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(C))	Well Location * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Date of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Time of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Date of Each Attempt to Direct Flowback to a Separator * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Time of Each Attempt to Direct Flowback to a Separator * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Date of Each Occurrence of Returning to the Initial Flowback Stage * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Time of Each Occurrence of Returning to the Initial Flowback Stage * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Date Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Time Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Duration of Flowback in Hours * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Duration of Recovery in Hours * (Flow Required for Wells Complying with 600.537(a)(7) (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))	Disposition of Recovery * (600.542(a)(2)(i)(B) and 600.542(a)(2)(i)(B)(i))
e.g.: 12-345-67890-12																
e.g.: On October 11, 2016, a separator was not used for the first 5 hours of the flowback period.																
e.g.: Impressure.pdf or XOC/compressorStation.pdf																
e.g.: Completion ABC																
e.g.: 34.12345 latitude, -101.12345 longitude																
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40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual
For each centrifugal compressor affected facility, an owner or operator must include the information specified in paragraphs (b)(3)(i) through (iv) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Compressor ID * (\$60.5420a(b)(1)(ii))	For centrifugal compressors using a wet seal system, was the compressor constructed, modified or reconstructed during the reporting period? * (\$60.5420a(b)(3)(i))	Deviations where the centrifugal compressor was not operated in compliance with requirements * (\$60.5420a(b)(3)(ii) and §60.5420a(c)(2))	Record of Each Closed Vent System Inspection * (\$60.5420a(b)(3)(iii) and §60.5420a(c)(6))
XML Tag:	CompressorId	CompressorConstruct	CompressorDeviation	VentSystemInspection
	e.g.: Comp-12b	e.g.: modified	e.g.: On October 12, 2016, the pilot flame was not functioning on the combustion unit controlling the compressor.	e.g.: Annual inspection conducted on 12/16/16. No defects observed. No detectable emissions observed.

- 1 N/A - This facility is not a compressor station.
- 2 N/A - This facility is not a compressor station.
- 3 N/A - This facility is not a compressor station.
- 4 N/A - This facility is not a compressor station.
- 5 N/A - This facility is not a compressor station.
- 6 N/A - This facility is not a compressor station.
- 7 N/A - This facility is not a compressor station.

Centrifugal Compressors Required to Comply with §60.5380a(a)(2) - Cover and Closed Vent System Requirements			
Record of Each Cover Inspection * (§60.5420a(b)(3)(iii) and §60.5420a(c)(7))	If you are subject to the bypass requirements of §60.5416a(a)(4) and you monitor the bypass with a flow indicator, a record of each time the alarm is sounded. * (§60.5420a(b)(3)(iii) and §60.5420a(c)(8))	If you are subject to the bypass requirements of §60.5416a(a)(4) and you use a secured valve, a record of each monthly inspection. * (§60.5420a(b)(3)(iii) and §60.5420a(c)(8))	If you are subject to the bypass requirements of §60.5416a(a)(4) and you use a lock-and-key valve, a record of each time the key is checked out. * (§60.5420a(b)(3)(iii) and §60.5420a(c)(8))
VentCoverInspection	VentAlarmRecord	VentMonthInspection	VentKeyRecord
e.g.: Annual inspection conducted on 12/16/16. No defects observed.	e.g.: On 4/5/17, the bypass alarm sounded for 2 mintues.	e.g.: Monthly inspection performed 4/15/17. Valve was maintained in the non-diverting position. Vent stream was not diverted through the bypass.	e.g.: The key was not checked out during the annual reporting period.

	Centrifugal Compressors with Carbon Adsorption		Centrifugal Compressors Subject to Control Device Requirements of §60.5412a(a)-(c)			
Record of No Detectable Emissions Monitoring Conducted According to §60.5416a(b) * (§60.5420a(b)(3)(iii) and §60.5420a(c)(9))	Records of the Schedule for Carbon Replacement * (determined by design analysis) (§60.5420a(b)(3)(iii) and §60.5420a(c)(10))	Records of Each Carbon Replacement * (§60.5420a(b)(3)(iii) and §60.5420a(c)(10))	Minimum/Maximum Operating Parameter Value * (§60.5420a(b)(3)(iii) and §60.5420a(c)(11))	Please provide the file name that contains the Continuous Parameter Monitoring System Data * (§60.5420a(b)(3)(iii) and §60.5420a(c)(11)) Please provide the file name that contains.	Please provide the file name that contains the Calculated Averages of Continuous Parameter Monitoring System Data * (§60.5420a(b)(3)(iii) and §60.5420a(c)(11)) Please provide the file name that contains.	Please provide the file name that contains the Results of All Compliance Calculations * (§60.5420a(b)(3)(iii) and §60.5420a(c)(11)) Please provide the file name that contains.
VentDetectEmission	CarbonReplaceSch	CarbonReplaceRecord	CtrlOpParameter	CtrlParameterFile	CtrlAveragesFile	CtrlComplianceFile
e.g.: Annual inspection conducted on 12/16/16. The highest reading using the FID was 300 ppmv.	e.g.: Carbon must be replaced every 2 years.	e.g.: Carbon was not replaced during the annual reporting period.	e.g.: Minimum temperature differential across catalytic oxidizer bed of 20°F.	e.g.: CPMS_Comp-12b.pdf or XYZCompressorStation.pdf	e.g.: CPMSAvg_Comp-12b.pdf or XYZCompressorStation.pdf	e.g.: ComplRsIts_Comp-12b.pdf or XYZCompressorStation.pdf

	Centrifugal Compressors Using a Wet Seal System Constructed, Modified,							
Please provide the file name that contains the Results of All Inspections * (\$60.5420a(b)(3)(iii) and §60.5420a(c)(11)) Please provide the file name that contains.	Make of Purchased Device * (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(i))	Model of Purchased Device * (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(i))	Serial Number of Purchased Device * (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(i))	Date of Purchase (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(ii))	Please provide the file name that contains the Copy of Purchase Order (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(iii)) Please provide the file name that contains.	Latitude of Centrifugal Compressor (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(iv))	Longitude of Centrifugal Compressor (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(iv))	Latitude of Control Device (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (\$60.5420a(b)(3)(iv) and §60.5420a(c)(2)(iv))
CtrlInspectionFile	WetDeviceMake	WetDeviceModel	WetDeviceId	WetPurchaseDate	WetPurchaseFile	WetCompLatitude	WetCompLongitude	WetCtrlLatitude
e.g.: InspectRsIts_Comp-12b.pdf or XYZCompressorStation.pdf	e.g.: Incinerator Guy	e.g.: 400 Combustor	e.g.: 123B3D392	e.g.: 12/10/16	e.g.: purchase_order.pdf or XYZCompressorStation.pdf	e.g.: 34.12345	e.g.: -101.12345	e.g.: 34.12340

or Reconstructed During Reporting Period with Control Device Tested Under §60.5413a(d)							
Longitude of Control Device (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(iv))	As an Alternative to Latitude and Longitude, please provide the file name that contains the Digital Photograph of Device either with Imbedded Latituded and Longitude or Visible GPS (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(vii)) Please provide the file name that contains.	Inlet Gas Flow Rate * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(v))	Please provide the file name that contains the Records of Pilot Flame Present at All Times of Operation * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(vi)(A)) Please provide the file name that contains.	Please provide the file name that contains the Records of No Visible Emissions Periods Greater Than 1 Minute During Any 15-Minute Period * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(vi)(B)) Please provide the file name that contains.	Please provide the file name that contains the Records of Maintenance and Repair Log * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(vi)(C)) Please provide the file name that contains.	Please provide the file name that contains the Records of Visible Emissions Test Following Return to Operation From Maintenance/Repair Activity * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(vi)(D)) Please provide the file name that contains.	Please provide the file name that contains the Records of Manufacturer's Written Operating Instructions, Procedures and Maintenance Schedule * (§60.5420a(b)(3)(iv) and §60.5420a(c)(2)(vi)(E)) Please provide the file name that contains.
WetCtrlLongitude	WetLocationFile	WetFlowRate	WetFlameFile	WetEmissionFile	WetMaintFile	WetVisibleFile	WetInstructionFile
e.g.: -101.12340	e.g.: 400_combustor.pdf or XYZCompressorStation.pdf	e.g.: 3000 scfh	e.g.: pilotflame.pdf or XYZCompressorStation.p df	e.g.: noemissions.pdf or XYZCompressorStation.p df	e.g.: maintainlog.pdf or XYZCompressorStation.p df	e.g.: emistest.pdf or XYZCompressorStation.pdf	e.g.: manufinsruct.pdf or XYZCompressorStation.pdf

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Ann

For each reciprocating compressor affected facility, an owner or operator must include the information specified in paragraphs (b)(4)(i) and (ii) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Compressor ID * (\$60.5420a(b)(1)(ii))	Are emissions from the rod packing unit being routed to a process through a closed vent system under negative pressure? * (\$60.5420a(b)(4)(i))	If emissions are not routed to a process through a closed vent system under negative pressure, what are the cumulative number of hours or months of operation since initial startup or the previous rod packing replacement (whichever is later)? * (\$60.5420a(b)(4)(i))	Units of Time Measurement * (\$60.5420a(b)(4)(i))	Deviations where the reciprocating compressor was not operated in compliance with requirements* (\$60.5420(b)(4)(ii) and \$60.5420a(c)(3)(iii))
	e.g.: Comp-12b	e.g.: no	e.g.: 2	e.g.: months	e.g.: Rod packing replacement exceeded 36 months. Replacement occurred after 37 months.

- 1 N/A - This facility is not a compressor station.
- 2 N/A - This facility is not a compressor station.
- 3 N/A - This facility is not a compressor station.
- 4 N/A - This facility is not a compressor station.
- 5 N/A - This facility is not a compressor station.
- 6 N/A - This facility is not a compressor station.
- 7 N/A - This facility is not a compressor station.

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After 1990

For each pneumatic controller affected facility, an owner or operator must include the information specified in paragraphs (b)(5)(i) through (iii) of this section.

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Pneumatic Controller Identification * (§60.5420a(b)(1)(ii), §60.5420a(b)(5)(i), and §60.5390a(b)(2) or §60.5390a(c)(2))	Was the pneumatic controller constructed, modified or reconstructed during the reporting period? * (§60.5420a(b)(5)(i))	Month of Installation, Reconstruction, or Modification* (§60.5420a(b)(5)(i) and §60.5390a(b)(2) or §60.5390a(c)(2))	Year of Installation, Reconstruction, or Modification* (§60.5420a(b)(5)(i) and §60.5390a(b)(2) or §60.5390a(c)(2))
e.g.: Controller 12A e.g.: modified e.g.: February e.g.: 2017				

- 1 N/A - This facility does not have high-bleed pneumatics.
- 2 N/A - This facility does not have high-bleed pneumatics.
- 3 N/A - This facility does not have high-bleed pneumatics.
- 4 N/A - This facility does not have high-bleed pneumatics.
- 5 N/A - This facility does not have high-bleed pneumatics.
- 6 N/A - This facility does not have high-bleed pneumatics.
- 7 N/A - This facility does not have high-bleed pneumatics.

September 18, 2015 - 60.5420a(b) Annual Report

1 in all annual reports:

Pneumatic Controllers with a Natural Gas Bleed Rate Greater than 6 scfh		
Documentation that Use of a Pneumatic Controller with a Natural Gas Bleed Rate Greater than 6 Standard Cubic Feet per Hour is required * (\$60.5420a(b)(5)(ii))	Reasons Why * (\$60.5420a(b)(5)(ii))	Records of deviations where the pneumatic controller was not operated in compliance with requirements* (\$60.5420a(b)(5)(iii) and §60.5420a(c)(4)(v))
e.g.: Controller has a bleed rate of 8 scfh.	e.g.: safety bypass controller requires use of a high-bleed controller	e.g.: Controller was not tagged with month and year of installation.

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For each storage vessel affected facility, an owner or operator must include the information specified in paragraphs (b)(6)(i) through (vii) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Storage Vessel ID * (\$60.5420a(b)(1)(ii) and \$60.5420a(b)(6)(i))	Was the storage vessel constructed, modified or reconstructed during the reporting period? * (\$60.5420a(b)(6)(i))	Latitude of Storage Vessel (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (\$60.5420a(b)(6)(i))	Longitude of Storage Vessel (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (\$60.5420a(b)(6)(i))	If new affected facility or if returned to service during the reporting period, provide documentation of the VOC emission rate determination according to \$60.5365a(e).* (\$60.5420a(b)(6)(ii))	Records of deviations where the storage vessel was not operated in compliance with requirements * (\$60.5420a(b)(6)(iii) and \$60.5420a(c)(5)(iii))
	e.g.: Tank 125	e.g.: modified	e.g.: 34.12345	e.g.: -101.12345	e.g.: VOC emission rate is 6.5 tpy. See file rate_determination.pdf for more information.	e.g.: On October 12, 2016, the pilot flame was not functioning on the combustion unit controlling the storage vessel.

- 1 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.
- 2 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.
- 3 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.
- 4 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.
- 5 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.
- 6 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.
- 7 N/A - The storage vessels at the facility do not qualify as an affected facility because PTE emissions per tank were <6TPY.

					Storage Vessels Constructed, Modified				
Have you met the requirements specified in §60.5410a(h)(2) and (3)?* (§60.5420a(b)(6)(iv))	Removed from service during the reporting period? * (§60.5420a(b)(6)(v))	If removed from service, the date removed from service. * (§60.5420a(b)(6)(v))	Returned to service during the reporting period? * (§60.5420a(b)(6)(vi))	If returned to service, the date returned to service. * (§60.5420a(b)(6)(vi))	Make of Purchased Device * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(A))	Model of Purchased Device * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(A))	Serial Number of Purchased Device * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(A))	Date of Purchase * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(B))	Copy of Purchase Order * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(C))
e.g.: Yes	e.g.: Yes	e.g.: 11/15/16	e.g.: Yes	e.g.: 11/15/16	e.g.: Incinerator Guy	e.g.: 400 Combustor	e.g.: 123B3D392	e.g.: 12/10/16	e.g.: purchase_order.pdf or XYZCompressorStation.pdf

ied, Reconstructed or Returned to Service During Reporting Period that Comply with §60.5395a(a)(2) with a Control Device Tested Under § 60.5413a(d)							
Latitude of Control Device (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(D))	Longitude of Control Device (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(D))	Inlet Gas Flow Rate * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(E))	Please provide the file name that contains the Records of Pilot Flame Present at All Times of Operation * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(F)(1)) Please provide only one file per record.	Please provide the file name that contains the Records of No Visible Emissions Periods Greater Than 1 Minute During Any 15-Minute Period * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(F)(2)) Please provide only one file per record.	Please provide the file name that contains the Records of Maintenance and Repair Log * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(F)(3)) Please provide only one file per record.	Please provide the file name that contains the Records of Visible Emissions Test Following Return to Operation From Maintenance/Repair Activity * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(F)(4)) Please provide only one file per record.	Please provide the file name that contains the Records of Manufacturer’s Written Operating Instructions, Procedures and Maintenance Schedule * (§60.5420a(b)(6)(vii) and §60.5420a(c)(5)(vi)(F)(5)) Please provide only one file per record.
e.g.: 34.12340	e.g.: -101.12340	e.g.: 3000 scfh	e.g.: pilotflame.pdf or XYZCompressorStation.pdf	e.g.: noemissions.pdf or XYZCompressorStation.pdf	e.g.: maintainlog.pdf or XYZCompressorStation.pdf	e.g.: emistest.pdf or XYZCompressorStation.pdf	e.g.: manufinsruct.pdf or XYZCompressorStation.pdf

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.542(a)(8) Annual Report
For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (d) of this section in all annual reports.

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * [dropdown Box - may need to scroll up]	Identification of Each Affected Facility * (60.542(a)(1))	Date of Survey * (60.542(a)(7)(ii))	Survey Begin Time * (60.542(a)(7)(iii))	Survey End Time * (60.542(a)(7)(iii))	Name of Surveyor * (60.542(a)(7)(iv))	Ambient Temperature During Survey * (60.542(a)(7)(v))	Sky Conditions During Survey * (60.542(a)(7)(vi))	Maximum Wind Speed During Survey * (60.542(a)(7)(vii))	Monitoring Instrument Used * (60.542(a)(7)(viii))	Deviations From Monitoring Plan (If none, state none.) * (60.542(a)(7)(ix))	Type of Component for which Fugitive Emissions Detected * (60.542(a)(7)(x))	Number of Each Component Type for which Fugitive Emissions Detected * (60.542(a)(7)(xi))	Type of Component Not Reported as Required in (60.5597(a)) * (60.542(a)(7)(xii))	Number of Each Component Type Not Reported as Required in (60.5597(a)) * (60.542(a)(7)(xiii))	Type of Difficulty to Monitor Components Monitored * (60.542(a)(7)(xiv))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90 F	e.g.: Sunny, no clouds	e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Value	e.g.: 5	e.g.: Value	e.g.: 1	e.g.: Value
1 and 2	Cox 22-B #1 and Cox 22B #5	7/30/2019	11:22 AM	11:34 AM	Nathaniel Robinson	87	50% Cloud Cover	9.7	FLIR GF120	None	None	NA	NA	NA	None
1 and 2	Cox 22-B #1 and Cox 22B #5	2/28/2020	12:36 PM	1:04 PM	Leeward Robinson	58	90% Cloud Cover	6.1	FLIR GF120	None	None	NA	NA	NA	None
1 and 2	Cox 22-B #1 and Cox 22B #5	8/24/2020	10:58 AM	11:04 AM	Leeward Robinson	86	40% Cloud Cover	6.7	FLIR GF100	None	None	NA	NA	NA	None
3	Meadler 5-W #4	2/28/2020	1:22 PM	1:32 PM	Leeward Robinson	59	90% Cloud Cover	5.9	FLIR GF120	None	None	NA	NA	NA	None
3	Meadler 5-W #4	8/24/2020	12:36 PM	12:48 PM	Leeward Robinson	92	40% Cloud Cover	7.8	FLIR GF100	None	None	NA	NA	NA	None
4	True Ranch Fee #502-2326H	2/28/2020	11:29 AM	12:47 AM	Nathaniel Robinson	58	90% Cloud Cover	5.8	FLIR GF120	None	None	NA	NA	NA	None
4	True Ranch Fee #502-2326H	9/23/2019	1:34 PM	2:52 PM	Leeward Robinson	77	40% Cloud Cover	9.3	FLIR GF120	None	None	NA	NA	NA	None
5, 6, and 7	Salt Ranch Fee #201-1015M, Salt Ranch Fee #506-1035M, and Salt Ranch Fee #502-1034M	11/29/2019	9:13 AM	10:43 AM	Leeward Robinson	23	100% Cloud Cover	2.8	FLIR GF120	None	Pneumatic Intermittent Bleed. Values	1, 2	NA	NA	None
5, 6, and 7	Salt Ranch Fee #201-1015M, Salt Ranch Fee #506-1035M, and Salt Ranch Fee #502-1034M	4/28/2020	10:31 AM	12:07 AM	Leeward Robinson	48	45% Cloud Cover	11.0	FLIR GF120	None	None	NA	NA	NA	None

Number of Each Difficult-to-Monitor Component Type Monitored * (B60.3422a)(b)(7)(D)(i))	Type of Unsafe-to-Monitor Component Monitored * (B60.3422a)(b)(7)(D)(ii))	Number of Each Unsafe-to-Monitor Component Type Monitored * (B60.3422a)(b)(7)(D)(i))	Date of Successful Repair of Flightline Emission Component * (B60.3422a)(b)(7)(D)(i))	Type of Component Placed on Delay of Repair * (B60.3422a)(b)(7)(D)(ii))	Number of Each Component Type Placed on Delay of Repair * (B60.3422a)(b)(7)(D)(i))	Explanation for Delay of Repair * (B60.3422a)(b)(7)(D)(ii))	Type of Instrument Used to Resurvey Required Components Not Resurveyed During Original Survey * (B60.3422a)(b)(7)(D)(iii))	OSG		Compressor Station Affected Facility Only	
								Training and Experience of Surveyor * (B60.3422a)(b)(7)(D)(iv))	Was a monitoring survey waived under § 60.3397a(g)(5)(3) * (B60.3422a)(b)(7)(i))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived * (B60.3422a)(b)(7)(i))	
e.g.: 1	e.g.: Value	e.g.: 1	e.g.: 11/10/16	e.g.: Value	e.g.: 1	e.g.: Unsafe to repair until fixed, shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer completed 40-hour course at PTC Training Center. Has 10 years of experience with OSG	e.g.: Yes	e.g.: January, February, and March	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	11/29/2019, 12/2/2019, 12/6/2019	NA	NA	NA	NA	OSG II Certification	No	NA	
NA	NA	NA	NA	NA	NA	NA	NA	OSG II Certification	No	NA	

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) A
For each pneumatic pump affected facility, an owner or operator must include the information specified in paragraphs (b)(8)(i) through (iii) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Pump * (\$60.5420a(b)(1))	Was the pneumatic pump constructed, modified, or reconstructed during the reporting period? * (\$60.5420a(b)(8)(i))	Which condition does the pneumatic pump meet? * (\$60.5420a(b)(8)(i))	If your route emissions to a control device and the control device is designed to achieve <95% emissions reduction, specify the percent emissions reduction. * (\$60.5420a(b)(8)(i)(C))	Identification of Each Pump * (\$60.5420a(b)(8)(ii))
	e.g.: Pump 12-e-2	e.g.: modified	e.g.: Emissions are routed to a control device or process	e.g.: 90%	e.g.: Pump 12-e-2

- 1 N/A - This facility does not have pneumatic pumps.
- 2 N/A - This facility does not have pneumatic pumps.
- 3 N/A - This facility does not have pneumatic pumps.
- 4 N/A - This facility does not have pneumatic pumps.
- 5 N/A - This facility does not have pneumatic pumps.
- 6 N/A - This facility does not have pneumatic pumps.
- 7 N/A - This facility does not have pneumatic pumps.

Pneumatic Pumps Previously Reported that have a Change in Reported Condition During the Reporting Period

Date Previously Reported* (\$60.5420a(b)(8)(ii))	Which condition does the pneumatic pump meet? * (\$60.5420a(b)(8)(ii))	If you now route emissions to a control device and the control device is designed to achieve <95% emissions reduction, specify the percent emissions reduction. * (\$60.5420a(b)(8)(ii) and \$60.5420a(b)(8)(i)(C))	Records of deviations where the pneumatic pump was not operated in compliance with requirements* (\$60.5420a(b)(8)(iii) and \$60.5420a(c)(16)(ii))
e.g.: 10/15/17	e.g.: Control device/process removed and technically infeasible to route elsewhere	e.g.: 90%	e.g.: deviation of the CVS inspections